PTO/SB/17 (12-04)

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Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMR control number Complete if Known Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). 10/797,236 Application Number RANSMIT Filing Date March 10, 2004 For FY 2005 Michel DELZENNE First Named Inventor **Examiner Name** Mark H. Paschall Applicant claims small entity status. See 37 CFR 1.27 3742 Art Unit TOTAL AMOUNT OF PAYMENT (\$) .00 Attorney Docket No. Serie 6145 METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order None Other (please identify): Deposit Account Name: American Air Liquide, Inc. Deposit Account Deposit Account Number: 01-1375 For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card Information and authorization on PTO-2038. **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **FILING FEES EXAMINATION FEES SEARCH FEES** Small Entity **Small Entity** Small Entity Fees Paid (\$) **Application Type** Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Utility 300 500 200 150 250 100 Design 200 100 100 130 50 65 **Plant** 200 100 300 160 150 80 Reissue 300 150 500 250 600 300 **Provisional** 200 100 0 O O 2. EXCESS CLAIM FEES **Small Entity** Fee (\$) Fee (\$) Fee Description 50 Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent 100 Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent 200 180 Multiple dependent claims Multiple Dependent Claims **Total Claims** Fee Paid (\$) - 20 50 17 Fee Paid (\$) Fee (\$) HP = highest number of total claims paid for, if greater than 20 Indep. Claims Fee (\$) Extra Claims Fee Paid (\$) 200 0 HP = highest number of independent claims paid for, if greater than 3 If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Number of each additional 50 or fraction thereof Fee Paid (\$) **Total Sheets** Extra Sheets Fee (\$) __ (round up to a whole number) x - 100 = Fees Paid (\$) 4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount) Other: SUBMITTED BY Registration No. Telephone (713) 624-8956 Signature

Name (Print/Type) Linda K. Russell

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete.

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THE UNITED STATES PATENT AND TRADEMARK OFFICE

dication No.:

10/797,236

Applicant:

Michel DELZENNE

US National:

March 10, 2004

Title:

Plasma cutting torch electrode with an Hf/Zr insert

TC/A.U.:

3742

Examiner:

Mark H. Paschall

Docket Number:

Serie 6145

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

AMENDMENT

Sir:

In response to the Office Action of August 6, 2004, please amend the application as follows:

There are no Amendments to the Specification in this paper.

Amendments to the Claims are reflected in the listing of claims, which begin on page 2 of this paper.

There are no Amendments to the Drawings in this paper.

Remarks begin on page 5 of this paper.